

Practitioner's Docket No. Banks 0401

PATENT

Preliminary Classification:
Proposed Class:
Subclass:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Percival C. Banks

For (title): A Protected Seal For A Filtered Vent In A Sterilization Container

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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Date: 03/08/04

Cynthia E. Haden
Signature
Cynthia E. Haden
(type or print name of person certifying)

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1. Type of Application

This transmittal is for an original (nonprovisional) application.

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

6 Page(s) of Specification

2 Page(s) of Claims

4 Sheet(s) of Drawing(s)--Formal

B. Other Papers Enclosed

2 Page(s) of declaration and power of attorney

1 Page(s) of abstract

3. Declaration or Oath

Enclosed and executed by the inventor.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

6. Fee Calculation (37 C.F.R. Section 1.16)

Regular Application

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$770.00
Total Claims (37 CFR 1.16(c))	12	- 20 =	0 x	\$18.00	\$0.00
Independent Claims (37 CFR 1.16(b))	2	- 3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$290.00	\$0.00

Filing Fee Calculation \$770.00

7. Small Entity Statement(s)

This is a filing by a small entity under 37 C.F.R. Sections 1.9 and 1.27.

Filing Fee Calculation (50% of above) \$385.00

8. Fee Payment Being Made at This Time

Enclosed
Filing Fee \$385.00

Total Fees Enclosed \$385.00

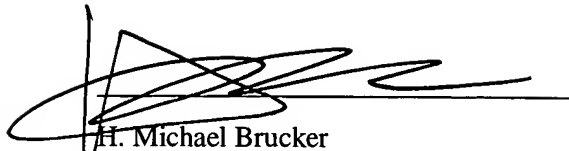
9. Method of Payment of Fees

Credit Card Payment Form authorizing the amount of \$385.00 is attached.

10. Instructions as to Overpayment

Refund.

Date: 3/8/04

A handwritten signature in black ink, appearing to read 'H. Michael Brucker', is written over a horizontal line.

H. Michael Brucker
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L/O of H. Michael Brucker
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